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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	650053.00002
First Named Inventor	Howard J. Jacob
<b>COMPLETE IF KNOWN</b>	
Application Number	10/625,870
Filing Date	July 23, 2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RAT MODEL OF DIABETIC NEPHROPATHY

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) July 23, 2003 as United States Application Number or PCT International

Application Number 10/625,870 and was amended on (MM/DD/YYYY) n/a (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 2px;">26710</span> OR <input type="checkbox"/> Correspondence address below			
<b>Name</b> <hr/> <b>Address</b> <hr/> <b>Address</b> <hr/>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
<b>Country</b>	<b>Telephone</b>		<b>Fax</b>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
<b>NAME OF SOLE OR FIRST INVENTOR :</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <span style="float: right;">Family Name</span> (first and middle [if any]) <span style="float: right;">Jacob</span>  <span style="float: right;">or Surname</span>		<span style="float: right;">Date</span> <span style="font-family: cursive;">12/13/22</span>	
<b>Inventor's Signature</b>		<b>Residence:</b> City <span style="float: right;">State</span> WI <span style="float: right;">Country</span> USA <span style="float: right;">Citizenship</span> USA	
<b>Mailing Address</b> 16565 Burleigh Place			
<b>Mailing Address</b>			
<b>City</b> Brookfield	<b>State</b> WI	<b>ZIP</b> 53005	<b>Country</b> USA
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <span style="float: right;">Family Name</span> (first and middle [if any]) <span style="float: right;">Roman</span>  <span style="float: right;">or Surname</span>		<span style="float: right;">Date</span>	
<b>Inventor's Signature</b>		<b>Residence:</b> City <span style="float: right;">State</span> WI <span style="float: right;">Country</span> USA <span style="float: right;">Citizenship</span> USA	
<b>Mailing Address</b> 3270 Dartmouth Drive			
<b>Mailing Address</b>			
<b>City</b> Brookfield	<b>State</b> WI	<b>ZIP</b> 53005	<b>Country</b> USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



Please type a plus sign (+) inside this box →

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Marcelo		Nobrega	
Inventor's Signature		Date	
Residence: City	Richmond	State	CA
Country	USA	Citizenship	USA
Mailing Address			
2626 Roosevelt Avenue			
Mailing Address			
City	Richmond	State	CA
ZIP	94804	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Country		Citizenship	
Mailing Address			
Mailing Address			
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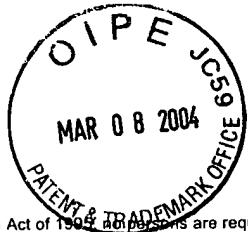
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**Name****Address****Address****City****State****ZIP****Country****Telephone****Fax**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR :</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---	---

Given Name (first and middle [if any])	Howard J.	Family Name Jacob or Surname
---	-----------	---------------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City	Brookfield	State WI	Country USA
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Mailing Address	16565 Burleigh Place
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Mailing Address
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City	Brookfield	State WI	ZIP 53005
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<b>NAME OF SECOND INVENTOR:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any])	Richard J.	Family Name Roman or Surname
---	------------	---------------------------------

Inventor's Signature	Date
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Residence: City	Brookfield	State WI	Country USA
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Mailing Address	3270 Dartmouth Drive
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Mailing Address
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City	Brookfield	State WI	ZIP 53005
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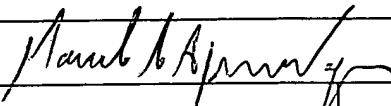
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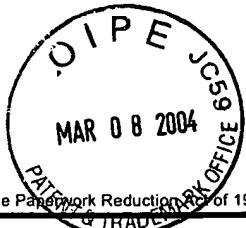
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Given Name (first and middle [if any])		Family Name or Surname	
Marcelo		Nobrega	
Inventor's Signature			Date 02.25.04
Residence: City	Richmond	State	CA
Country	USA	Citizenship	USA
Mailing Address 2626 Roosevelt Avenue			
Mailing Address			
City	Richmond	State	CA
ZIP	94804	Country	USA
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			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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Address \_\_\_\_\_

Address \_\_\_\_\_

City _____	State _____	ZIP _____
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----------------------------------	---

Given Name Howard J. (first and middle [if any])	Family Name Jacob or Surname _____
---	---------------------------------------

Inventor's Signature _____	Date _____
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Residence: City Brookfield	State WI	Country USA	Citizenship USA
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Mailing Address 16565 Burleigh Place
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Mailing Address \_\_\_\_\_

City Brookfield	State WI	ZIP 53005	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name Richard J. (first and middle [if any])	Family Name Roman or Surname _____
--	---------------------------------------

Inventor's Signature 	Date 12/16/03
--	---------------

Residence: City Brookfield	State WI	Country USA	Citizenship USA
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Mailing Address 3270 Dartmouth Drive
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Mailing Address \_\_\_\_\_

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u></b>
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Marcelo		Nobrega	
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